

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214519745				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: NOVELIS 2 INC. (USED IN VA BY: NOVELIS INC.)</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY BANK OF AMERICA CTR 16TH FL 1111 E MAIN ST RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: FN</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 5/31/2014</p> <p>SCC ID NO: F1862061</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>UNLTD</td> <td>99,999,999,999</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	UNLTD	99,999,999,999
CLASS	AUTHORIZED					
UNLTD	99,999,999,999					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: TWO ALLIANCE CENTER 3560 LENOX RD NE, STE 2000</p> <p style="text-align: center;">CITY/ST/ZIP: ATLANTA, GA 30326</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PHILIP R MARTENS TITLE: PRES/CEO ADDRESS: 3560 LENOX ROAD NE SUITE 2000 CITY/ST/ZIP/CO: ATLANTA, GA 30326 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PHILIP R MARTENS TITLE: PRES/CEO ADDRESS: 3560 LENOX ROAD NE SUITE 2000 CITY/ST/ZIP/CO: ATLANTA, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: PHILIP R MARTENS TITLE: PRES/CEO ADDRESS: 3560 LENOX ROAD NE SUITE 2000 CITY/ST/ZIP/CO: ATLANTA, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SHASHI MAUDGAL TITLE: SVP/PRES ASIA ADDRESS: 84-11.5-ga,Namdaemun-ro,23rd Floor CITY/ST/ZIP/CO: Jung-gu, Seoul, 100-753, KR </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: SHASHI MAUDGAL TITLE: SVP/PRES ASIA ADDRESS: 84-11.5-ga,Namdaemun-ro,23rd Floor CITY/ST/ZIP/CO: Jung-gu, Seoul, 100-753, KR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: SHASHI MAUDGAL TITLE: SVP/PRES ASIA ADDRESS: 84-11.5-ga,Namdaemun-ro,23rd Floor CITY/ST/ZIP/CO: Jung-gu, Seoul, 100-753, KR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARCO A PALMIERI TITLE: SVP, PRES NA ADDRESS: 3560 Lenox Road NE, Suite 2000 Two Alliance Center CITY/ST/ZIP/CO: Atlanta, GA 30326 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MARCO A PALMIERI TITLE: SVP, PRES NA ADDRESS: 3560 Lenox Road NE, Suite 2000 Two Alliance Center CITY/ST/ZIP/CO: Atlanta, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: MARCO A PALMIERI TITLE: SVP, PRES NA ADDRESS: 3560 Lenox Road NE, Suite 2000 Two Alliance Center CITY/ST/ZIP/CO: Atlanta, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: STEVEN R FISHER TITLE: SR VP/CFO ADDRESS: 3560 LENOX ROAD NE SUITE 2000 CITY/ST/ZIP/CO: ATLANTA, GA 30326 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: STEVEN R FISHER TITLE: SR VP/CFO ADDRESS: 3560 LENOX ROAD NE SUITE 2000 CITY/ST/ZIP/CO: ATLANTA, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: STEVEN R FISHER TITLE: SR VP/CFO ADDRESS: 3560 LENOX ROAD NE SUITE 2000 CITY/ST/ZIP/CO: ATLANTA, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KIHOOON LEE TITLE: VP/INT AUDIT ADDRESS: 3560 LENOX ROAD NE SUITE 2000 CITY/ST/ZIP/CO: ATLANTA, GA 30326 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KIHOOON LEE TITLE: VP/INT AUDIT ADDRESS: 3560 LENOX ROAD NE SUITE 2000 CITY/ST/ZIP/CO: ATLANTA, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: KIHOOON LEE TITLE: VP/INT AUDIT ADDRESS: 3560 LENOX ROAD NE SUITE 2000 CITY/ST/ZIP/CO: ATLANTA, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				

NAME:	NICHOLAS MADDEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/CPO		
ADDRESS:	3560 LENOX ROAD NE		
CITY/ST/ZIP/CO:	SUITE 2000 ATLANTA, GA 30326		
NAME:	ERWIN MAYR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/CS&CO		
ADDRESS:	STERNENFELDSTRASSE 19		
CITY/ST/ZIP/CO:	KUSNACHT,CH-87, , CH		
NAME:	RANDAL P MILLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TREAS		
ADDRESS:	3560 LENOX ROAD NE		
CITY/ST/ZIP/CO:	SUITE 2000 ATLANTA, GA 30326		
NAME:	TADEU NARDOCCI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/PRES SA		
ADDRESS:	Av Nacoes Unidas 12551-15 andar		
CITY/ST/ZIP/CO:	Sao Paulo SP, , BR		
NAME:	ROBERT NELSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CONTROLLER		
ADDRESS:	3560 LENOX ROAD NE		
CITY/ST/ZIP/CO:	SUITE 2000 ATLANTA, GA 30326		
NAME:	LESLIE J PARRETTE JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/CORP SEC		
ADDRESS:	3560 LENOX ROAD NE		
CITY/ST/ZIP/CO:	SUITE 2000 ATLANTA, GA 30326		
NAME:	KAREN RENNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CIO		
ADDRESS:	3560 LENOX ROAD NE		
CITY/ST/ZIP/CO:	SUITE 2000 ATLANTA, GA 30326		
NAME:	LESLIE JOYCE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CVP, CPO		
ADDRESS:	3560 LENOX RD. NE		
CITY/ST/ZIP/CO:	SUITE 2000 ATLANTA, GA 30326		
NAME:	KUMAR M BIRLA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	3560 LENOX RD NE		
CITY/ST/ZIP/CO:	SUITE 2000 ATLANTA, GA 30326		
NAME:	ASKARAN K. AGARWALA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3560 LENOX RD. NE		
CITY/ST/ZIP/CO:	SUITE 2000 ATLANTA, GA 30326		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBNARYAN BHATTACHARYA DIRECTOR 3560 LENOX RD. NE SUITE 2000 ATLANTA, GA 30326	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLARENCE J. CHANDRAN DIRECTOR 231 Church Street Mississauga, ON L5M 1N1, CA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD A. STEWART DIRECTOR 231 Church Street Mississauga, ON L5M 1N1, CA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Satish Pai DIRECTOR S.K. Ahire Marg, Aditya Birla Centre Mumbai, 400 030, IN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jack Clark SVP/CTO 3560 Lenox Road NE, Suite 2000 Two Alliance Center Atlanta, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Scott Auer ASST SECRETARY 3560 Lenox Road NE, Suite 2000 Two Alliance Center Atlanta, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Marion G. Barnes ASST SECRETARY 231 Church Street Mississauga, L5M1N1, CA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Marion G. Barnes SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Marion G. Barnes, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	4/17/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			